

PART B – FEE(S) TRANSMITTAL

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26161 7590 12/10/2009

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	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/526,097	09/07/2005	Thomas Mueller	14603-0012US1	2670

TITLE OF INVENTION: CALIBRATING A LIGHT-SENSITIVE CHIP (AS AMENDED)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$1810	03/10/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HE, AMY	2831	324-601000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

[] Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

[] "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Austriamicrosystems AG

Unterpremstatten, Austria

Please check the appropriate assignee category or categories (will not be printed on the patent): [] individual [X] corporation or other private group entity [] government

4a. The following fee(s) are enclosed:

[X] Issue Fee
[X] Publication Fee (No small entity discount permitted)
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[X] The requisite fees are being paid electronically with this submission.
[] Payment by credit card. Form PTO-2038 is attached.
[X] The Director is hereby authorized to charge any deficiency in fee(s), or credit any overpayment, to Deposit Account Number 06-1050.

5. Change in Entity Status (from status indicated above)

[] a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

[] b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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(Authorized Signature) /Paul Pysher/

(Date) March 10, 2010

Typed or Printed Name Paul A. Pysher

Registration No. 40,780

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